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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF EGONOMIC INTERESTS PRACTICES COMMISSION COVER PAGE



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	Date Received Official Use Only MAR 2 7 2012	
ВО	ARD OF SUPERVISOR	२ऽ

NOTTOLI DO	ON W.
1. Office, Agency, or Court	
Agency Name	
BOARD OF SUPERVISORS	
Division, Board, Department, District, if applicable	Your Position
DISTRICT 5	BOARD MEMBER
▶ If filing for multiple positions, list below or on an attachment.	
Agency: SEE ATTACHED LIST	Position: MEMBER
2. Jurisdiction of Office (Check at least one box)	
	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	■ County of SACRAMENTO
City of	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2011, through	Leaving Office: Date Left/
December 31, 2011.	(Check one)
The period covered is/, throug December 31, 2011.	The period covered is January 1, 2011, through the date of leaving office.
Assuming Office: Date assumed	The period covered is
Candidate: Election Year Office sought, i	if different than Part 1:
4. Schedule Summary	
	otal number of pages including this cover page:5
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Giffs - Travel Payments - schedule attached
-OF-	
☐ None - No reportable in	nterests on any schedule
herein and in any attached schedules is true and complete. I acknowled	
I certify under penalty of perjury under the laws of the State of Cali	ifornia that
Date Signed 03/23/2012	Signature
(month, day, year)	

Don Nottoli

County of Sacramento

BOARDS/COMMSSIONS/AGENCIES	POSITION		CONTACT	ADDRESS	MC
Area 4 Agency on Aging Board of Supervisors	Board Member Board Member	Multi-County	Tai Lorraine Silva	2260 Park Towne Circle, Ste 100, Sacramento, CA 95825-0416 700 H Street, Ste 2450, Sacramento, CA 95814	
Cal-ID RAN Board	Board Member Board Member	Music Country	Vince Brewer Pamel Keen	On file with Lorraine Silva, Clerk of the Board 10640 Mather Blvd., Ste 120, Mather, CA 95655	
Capital Southeast Connector, JPA Delta Conservancy Board	Alt. Bd Member	Multi-County State	Nancy Ullrey	DWR, 3500 Industrial Blvd., 2nd Fir. W. Sacramento 95691	
Delta Protection Commission	Director	State	Sheila Singleton	P O Box 530 Walnut Grove, CA 95690	
Delta Stewardship Council	Council Member		Lynn Darby	980 9th Street, Suite 1500, Sacramento, CA 95814	
Freeport Regional Water Authority Northern California World Trade Center Board	Board Member Board Member	Multi-County Multi-County	Lorraine Silva Michael Faust, Director	700 H Street, Ste 2450, Sacramento, CA 95814 One Capitol Mall, Ste 300, Sacramento, CA 95814	
Regional Human Rights/Fair Housing Comm Governing Bd	Board Member	•	Barbara Lehman	1112 I Street, Ste.250, Sacramento, CA 95814	
Sac Regional Co. Sanitation Dist./SASDist. Sacramento Abandoned Vehicle Service Authority	Board Member Board Member	Multi-County	Linda Hill Lorraine Silva	10060 Goethe Road, Sacramento, CA 95827 700 H Street, Ste 2450, Sacramento, CA 95814	139-001
Sacramento Area Commerce and Trade Organization(SACTO)	Board Member		Barbara Hayes	400 Capitol Mall, Ste 2500, Sacramento, CA 95814	
Sacramento Area Flood Control Agency	Board Member	Multi-County	Lyndee Russell	1007 7th Street, 7th Fir., Sacramento, CA 95814	30-001
Sacramento County Disaster Commission Sacramento County Mental Health Board	Board Member Board Member		Teresa Stahl Lorraine Silva	3720 Dudley Blvd. Rm 122, McClellan, CA 95652 700 H Street, Ste 2450, Sacramento, CA 95814	
Sacramento County Water Agency	Board Member		Lorraine Silva	700 H Street, Ste. 2450, Sacrramento, CA 95814	
Sacramento Employment and Training Agency(SETA) Sacramento Metropolitan Air Quality Management District	Board Member Board Member	Multi-County	Nancy Hogan Nancy Abeels	925 Del Paso Blvd., Ste. 100, Sacramento, CA 95815 777 12th Street, 3rd. Fir. Sacramento, CA 95814	100-03
Sacramento Metropolitan Cable Television Commission	Commisioner	Widel-County	Karen Liu	901 H Street #206, Sacramento, CA 95814	49-206
Sacramento Public Library, JPA	Board Member		Paula McDonald	828 Street, Sacramento, CA 95814	
Sacramento Regional Solid Waste Authoritty Sacramento Regional Transit District	Alt, Brd, Member Board Member	•	Lorraine Silva Cindy Brooks	700 H Street, Ste 2450, Sacramento, CA 95814 P.O. Box 2110, Sacramento, CA 95812-2110	
Sacramento Transportation Authority/SAVSA	Board Member		Lorraine Silva	700 H Street, Ste 2450, Sacramento, CA 95814	
Sacramento Valley Basinwide Air Pollution Control Council Sacramento-Placerville Transportation Corridor JPA	Council Member Board Member	Multi-County Multi-County	Amy Gwinup	P O Box 561, Maxwell, CA 95955	amai Admalala
Tobacco Securitization Authority of Northern California	Alt. Brd. Member		John Segerdell, CEO Lorraine Silva	Sac-Placer TC, JPA,1321 Howe Ave. Ste 110 Sac, 95825Attn: Lc 700 H Street, Ste. 2450, Sacrramento, CA 95814	ppri werkii
Tobacco Securitization Corporation	Board Member		Lorraine Silva	700 H Street, Ste. 2450, Sacrramento, CA 95814	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

DON W. NOTTOLI

CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST
Ownership/Deed of Trust Easement
Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499
S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
nding institutions made in the lender's regular course of vithout regard to your official status. Personal loans and
ess must be disclosed as follows:
NAME OF LENDER*
NAME OF LENDER*
NAME OF LENDER*
NAME OF LENDER* ADDRESS (Business Address Acceptable)
NAME OF LENDER* ADDRESS (Business Address Acceptable)
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
V

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	
Name	
DON W. NOTTOLI	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
HUMPHREY'S COLLEGE	STEVE SHUMAN
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
6550 INGLEWOOD AVE. STOCKTON, CA 95207	901 PARK STREET, LODI, CA 95240
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
VOCATIONAL SCHOOL	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
INSTRUCTOR/SPOUSE	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	□ \$500 - \$1,000 × \$1,001 - \$10,000
▼ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
	⊠ Sale of 1966 LINCOLN
Sale of(Real property, car, boal, etc.)	(Real properly, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
(Describe)	(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	RIOD
* You are not required to report loans from commercial I retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	SECULDITY FOR LOAM
with the first the first term of the contract of the state of the stat	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	Tersonal resource
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	Silecti dudiess
S500 - \$1,000	City
S1,001 - \$10,000	
S10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	

SCHEDULE D Income - Gifts

• • • • • •

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

DON W. NOTTOLI

► NAME OF SOURCE		► NAME OF SOURCE		<u></u>	
MLK COMMITTEE		CALIFORNIA	STATE FAIR		
ADDRESS (Business Address Acceptab	le)	ADDRESS (Busines	s Address Accepteb	le)	
P.O. BOX 161791	1600 EXPOS	ITION BLVD.,	SACRAMENTO		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
01 , 15 , 11 s 100.	MLK CELEBRATION	07 , 20 , 11	\$	GUEST PASS	
	EVENT, 1TKT	07 , 24 , 11	\$	2 PASSES-3 DAYS	
\$		07 , 30 , 11	\$118.	TOTAL	
► NAME OF SOURCE		► NAME OF SOURCE			
STANFORD HOME FOR CH	HILDREN	TURNER CO	TURNER CONSTRUCTION		
ADDRESS (Business Address Acceptab	le)		ADDRESS (Business Address Acceptable)		
8912 VOLUNTEER LANE		1211 H STRE	ET, SACRAM	ENTO, CA 59814	
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	
CHILDREN'S SERVICES		CONTRACTO	R		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
<u>04 , 29 , 11</u> _{\$} 75.	VINTAGE 2011-1 TKT.	10,01,11	s 118.59	STAKEHOLDER	
			\$	DINNER-AIRPORT	
/\$			s	BIG BUILD	
NAME OF SOURCE		► NAME OF SOURCE	=		
MERCY HEALTH CARE		CORGAN & A	SSOCIATES		
ADDRESS (Business Address Acceptab	le)	ADDRESS (Busines		le)	
3400 DATA DR., RANCHO	CORDOVA 95670	6705 LINDBERGH DR., SACRAMENTO 95837			
BUSINESS ACTIVITY, IF ANY, OF SOU		BUSINESS ACTIVITY, IF ANY, OF SOURCE			
HEALTH CARE		ARCHITECTS			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	
<u>05 / 31 / 11</u> _{\$} 125.	SALVATION ARMY	10 , 01 , 11	_{\$118.59}	STAKEHOLDER	
	LUNCHEON 1TKT		\$	DINNER-AIRPORT	
			\$	BIG BUILD_	
Comments:					
Comments.					